



Town of North Stonington
Zoning Enforcement

Zoning Inquiry/Complaint Form

Date: _____

Location: _____

Inquiry / Complaint: _____

Contact Information
Name – Address – Telephone Number

Property Owner: _____

Complainant: _____

Signature of Complainant: _____

Below Line For Internal Use Only

Date of Inspection: _____

Inspected By: _____

Inspection Report: _____

Action Taken: _____

Disposition: _____
